

United States Bankruptcy Court Northern District of Ohio		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Roberts, Charles Addison iii		Name of Joint Debtor (Spouse) (Last, First, Middle): Roberts, Nikki Janell	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-2732		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-5104	
Street Address of Debtor (No. and Street, City, and State): 4054 Stable Creek Drive Perrysburg, OH <div style="text-align: right;">ZIP Code 43551</div>		Street Address of Joint Debtor (No. and Street, City, and State): 4054 Stable Creek Drive Perrysburg, OH <div style="text-align: right;">ZIP Code 43551</div>	
County of Residence or of the Principal Place of Business: Wood		County of Residence or of the Principal Place of Business: Wood	
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurring by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000			
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Roberts, Charles Addison iii**Roberts, Nikki Janell****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Northern District of Ohio (dismissed by debtor)**

Case Number:

15-32277

Date Filed:

7/11/15

Location

Where Filed: **See Attachment**

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Scott A. Ciolek**September 23, 2015**

Signature of Attorney for Debtor(s)

(Date)

Scott A. Ciolek 0082779**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Roberts, Charles Addison iii**Roberts, Nikki Janell****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Charles Addison Roberts, iii
Signature of Debtor **Charles Addison Roberts, iii**

X /s/ Nikki Janell Roberts
Signature of Joint Debtor **Nikki Janell Roberts**

Telephone Number (If not represented by attorney)

September 23, 2015

Date

Signature of Attorney*

X /s/ Scott A. Ciolek
Signature of Attorney for Debtor(s)

Scott A. Ciolek 0082779

Printed Name of Attorney for Debtor(s)

Ciolek, LTD.

Firm Name

**901 Washington St.
Toledo, OH 43604**

Address

Email: info@counselor.pro

419-740-5935 Fax: 419-725-1085

Telephone Number

September 23, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

FORM 1. VOLUNTARY PETITION
Prior Bankruptcy Cases Filed Attachment

Location Where Filed

Northern District of Ohio (Chap 13 dismissed)
Western District of Missouri (Chapter 7)

Case Number

12-35673
08BU-CV02617

Date Filed

12/26/12
07/14/08

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Charles Addison Roberts, iii
Charles Addison Roberts, iii

Date: September 23, 2015

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.
Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Nikki Janell Roberts

Nikki Janell Roberts

Date: September 23, 2015

United States Bankruptcy Court
Northern District of Ohio

In re **Charles Addison Roberts, iii,**
Nikki Janell Roberts

Debtors

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	21,152.55		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		23,489.23	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		3,602.75	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		260,721.97	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			5,222.93
J - Current Expenditures of Individual Debtor(s)	Yes	2			4,347.00
Total Number of Sheets of ALL Schedules		44			
Total Assets			21,152.55		
Total Liabilities				287,813.95	

United States Bankruptcy Court
Northern District of Ohio

In re **Charles Addison Roberts, iii,**
Nikki Janell Roberts

Debtors

Case No. _____

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	3,602.75
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	138,747.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	142,349.75

State the following:

Average Income (from Schedule I, Line 12)	5,222.93
Average Expenses (from Schedule J, Line 22)	4,347.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	8,614.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		10,141.68
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	3,602.75	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		260,721.97
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		270,863.65

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

0 continuation sheets attached to the Schedule of Real Property

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account: 9014 Location: Huntington Bank 1001 Sandusky St Perrysburg, OH 43551	J	400.00
		Checking Account: 3560 Location: Woodforest National Bank 10392 Fremont Pike Perrysburg, OH 43551	J	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit: Security Deposit Held By Landlord	J	1,600.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Furniture: 3 Bedroom Sets, 2 Living Room Sets, Dining Room Set, Kitchen Table Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	4,000.00
		Appliances: Refrigerator Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	100.00
		Household: Dishes, Utensils Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	100.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothes Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	600.00
7. Furs and jewelry.		Jewelry: Wedding Ring Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	1,000.00
Sub-Total > (Total of this page)				7,805.00

3 continuation sheets attached to the Schedule of Personal Property

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement: Prudential 401K Location: Prudential Financial Inc Newark, NJ	H	1,347.55
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **1,347.55**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2009 Dodge Caravan 137,786 miles	H	7,000.00
		2004 Nissan 350Z 84,500 miles	J	5,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Animals: Cat Location: 4054 Stable Creek Drive Perrysburg, OH 43551	J	0.00
32. Crops - growing or harvested. Give particulars.	X			

Sub-Total > **12,000.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >

(Total of this page)

Total >

0.00
21,152.55

(Report also on Summary of Schedules)

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
 \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
 with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking Account: 9014 Location: Huntington Bank 1001 Sandusky St Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(18)	50.00	400.00
Checking Account: 3560 Location: Woodforest National Bank 10392 Fremont Pike Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(18)	5.00	5.00
Security Deposits with Utilities, Landlords, and Others			
Security Deposit: Security Deposit Held By Landlord	Ohio Rev. Code Ann. § 2329.66(A)(18)	1,600.00	1,600.00
Household Goods and Furnishings			
Furniture: 3 Bedroom Sets, 2 Living Room Sets, Dining Room Set, Kitchen Table Location: 4054 Stable Creek Drive Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	4,000.00	4,000.00
Appliances: Refrigerator Location: 4054 Stable Creek Drive Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	100.00	100.00
Household: Dishes, Utensils Location: 4054 Stable Creek Drive Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	100.00	100.00
Wearing Apparel			
Clothes Location: 4054 Stable Creek Drive Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	600.00	600.00
Furs and Jewelry			
Jewelry: Wedding Ring Location: 4054 Stable Creek Drive Perrysburg, OH 43551	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	1,000.00	1,000.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Retirement: Prudential 401K Location: Prudential Financial Inc Newark, NJ	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	1,347.55	1,347.55

Total: **8,802.55** **9,152.55**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxx7942	H	Opened 8/15/14 Last Active 6/01/15					
Credit Acceptance Po Box 513 Southfield, MI 48037		2009 Dodge Caravan 137,786 miles					
		Value \$ 7,000.00				10,944.00	3,944.00
Account No. xxxx5234	J	Opened 1/24/15 Last Active 6/01/15					
Credit Acceptance Po Box 513 Southfield, MI 48037		2004 Nissan 350Z 84,500 miles					
		Value \$ 5,000.00				10,184.00	5,184.00
Account No.	J	Retirement: Prudential 401K Location: Prudential Financial Inc Newark, NJ					
Prudential One Corporate Drive Shelton, CT 06484							
		Value \$ 1,347.55				1,098.00	0.00
Account No.	J	Retirement: Prudential 401K Location: Prudential Financial Inc Newark, NJ					
Prudential One Corporate Drive Shelton, CT 06484							
		Value \$ 1,347.55				1,263.23	1,013.68
Subtotal (Total of this page)						23,489.23	10,141.68
Total (Report on Summary of Schedules)						23,489.23	10,141.68

0 continuation sheets attached

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Christy Griffin c/o Summit County Child Support 175 S. Main St. #101 Akron, OH 44308		H						0.00
							0.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							0.00	0.00

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			01/1/2011					
Department of Treasury Internal Revenue Service Stop 6692 AUSC Austin, TX 73301		J	Income Tax					0.00
							2,693.00	2,693.00
Account No.			01/1/2010					
Missouri Department of Revenue Taxation Division PO Box 385 Jefferson City, MO 65105		J	Income Tax					0.00
							382.43	382.43
Account No.			01/1/2013					
Ohio Department of Taxation Compliance Division PO Box 182402 Columbus, OH 43218		J	Income Tax					0.00
							163.32	163.32
Account No.			01/1/2014					
Ohio Department of Taxation Compliance Division PO Box 182402 Columbus, OH 43218		J	Income Tax					0.00
							364.00	364.00
Account No.								
Subtotal								0.00
(Total of this page)							3,602.75	3,602.75
Total								0.00
(Report on Summary of Schedules)							3,602.75	3,602.75

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx6494 Aaron Sales & Lease Ow 1015 Cobb Place Blvd Nw Kennesaw, GA 30144		H	Opened 9/28/07 Last Active 10/02/09 Lease			Unknown
Account No. xxxxxxxxxxxxxxxxxxxxxx1179 Acceptance Now 5501 Headquarters Dr Plano, TX 75024		H	Opened 8/18/13 Last Active 5/03/15 Rental Agreement			1,770.00
Account No. xxx6187 Ace Cash Express 1231 Greenway Dr Suite 600 Irving, TX 75038		H	01/1/2015 Other Debt Installment Loan			1,721.74
Account No. xxxxxx7322 Acs/Bank Of America 501 Bleecker St Utica, NY 13501		H	Opened 5/21/09 Student Loan			Unknown
<div style="display: flex; justify-content: space-between;"> 26 continuation sheets attached <div> Subtotal (Total of this page) </div> </div>						3,491.74

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxxx0004 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Opened 4/25/07 Last Active 1/01/15 Student Loan				7,985.00
Account No. xxxxxxxxxxxxxx0002 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Opened 7/05/06 Last Active 1/01/15 Student Loan				6,543.00
Account No. xxxxxxxxxxxxxx0003 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Opened 4/25/07 Last Active 1/01/15 Student Loan				6,402.00
Account No. xxxxxxxxxxxxxx0001 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Opened 7/03/06 Last Active 1/01/15 Student Loan				5,965.00
Account No. xxxxxxxxxxxxxx0005 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Opened 1/18/08 Last Active 1/01/15 Student Loan				2,848.00
Sheet no. <u>1</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						29,743.00

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	H W J C DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxx0006 Aes/Wells Fargo Po Box 61047 Harrisburg, PA 17106	H	Husband, Wife, Joint, or Community Opened 3/07/08 Last Active 1/01/15 Student Loan				856.00	
Account No. xxxxx2732 Akron Children's Hospital 215 W Bowery St Akron, OH 44308	H	01/1/2007 Medical				200.00	
Account No. xxxxxxxxxxxxxx2774 Amazon / GECRB PO Box 960013 Orlando, FL 32896	H	Date Opened: 01/1/2008 Last Used: 01/1/2012 Store Card				765.97	
Account No. xxxxxx7593 Ameriloan 3531 P St NW Miami, OK 74355	H	01/1/2012 Other Debt Installment Loan				910.00	
Account No. xxx0371 Aspen Dental PO Box 3126 Syracuse, NY 13220	H	01/1/2012 Medical				139.00	
Sheet no. <u>2</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,870.97	

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx3353 Brazos Higher Education Auth, IN 2600 Washington Ave Waco, TX 76710	H	01/1/2004 Student Loan				1,105.00
Account No. xxxxxxxxxxxx7724 Buckle / Comments Bank PO Box 182273 Columbus, OH 43218		Date Opened: 01/1/2008 Last Used: 01/1/2012 Store Card				1,500.00
Account No. xxxxxxxxxxxx6600 Capital One PO Box 6492 Carol Stream, IL 60197	H	Date Opened: 01/1/2008 Last Used: 01/1/2011 Credit Card				1,000.00
Account No. xxxxxxxxxxxx5940 Capital One PO Box 6492 Carol Stream, IL 60197		Date Opened: 01/1/2008 Last Used: 01/1/2012 Credit Card				1,915.58
Account No. xxxxxxxxxxxx7586 Capital One PO Box 6492 Carol Stream, IL 60197	H	Date Opened: 01/1/2008 Last Used: 01/1/2012 Credit Card				634.29
Sheet no. <u>3</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,154.87

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxx1001 Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093	H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Opened 10/17/11 Last Active 6/18/12 Automobile				0.00
Account No. xxxxxxxxx0922 Capital One Bank PO Box 30281 Salt Lake City, UT 84130	W	Date Opened: 01/1/2010 Last Used: 10/1/2012 Credit Card Credit Card				728.44
Account No. xxxxxxxxxxxxxx7724 Cb/Buckle Po Box 182273 Attn: Customer Service Columbus, OH 43218-2273	J	Opened 3/01/10 Last Active 11/01/13 Charge Account				2,102.00
Account No. x8136 Cb/Justice Po Box 337003 Northglenn, CO 80233-7003	H	Opened 8/01/10 Last Active 6/01/12 Charge Account				Unknown
Account No. xxxxxxxxxxxxxx1279 Cb/Vicscrt Po Box 182128 Columbus, OH 43218-2128	H	Opened 11/01/10 Last Active 6/01/12 Charge Account				Unknown
Sheet no. <u>4</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,830.44

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx2732 CBE Group / Kansas City Power Light 131 Tower Park Dr PO Box 900 Waterloo, IA 50704	J	01/1/2012 Utility Bill				143.00
Account No. xxxxxxxxxxxx9272 Ccs/First Savings Bank 500 E 60th St N Sioux Falls, SD 57104	W	Opened 4/19/11 Last Active 6/01/12 Credit Card				419.00
Account No. xxxx6534 Check-N-Go 205 Sugar Camp Circle Dpte CNG Dayton, OH 45409	H	01/1/2012 Other Debt Installment Loan				3,800.00
Account No. xxxxx2732 Citi Bank PO Box 6192 Sioux Falls, SD 57117	H	01/1/2004 Student Loan Private Student Loan				3,404.76
Account No. xxx5703 Collection Associates 1809 N Broadway St Greensburg, IN 47240	W	Opened 7/08/14 Last Active 3/01/14 Collection Attorney Mercy Health Toledo				124.00
Sheet no. 5 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,890.76

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx8878 Collection Associates 1809 N Broadway St Greensburg, IN 47240	H	Opened 8/29/14 Last Active 5/01/14 Collection Attorney Mercy Health Toledo				100.00
Account No. xxx5650 Collection Associates 1809 N Broadway St Greensburg, IN 47240	H	Opened 7/08/14 Last Active 3/01/14 Collection Attorney Mercy Health Toledo				78.00
Account No. xxxxx5104 Consumer Portfolio Services PO Box 57071 Irvine, CA 92619	W	01/1/2008 Other Debt Vehicle Repossession.				3,040.00
Account No. xxxxxxx7484 Consumer Portfolio Svc Po Box 57071 Irvine, CA 92619	W	Opened 11/06/08 Last Active 2/13/12 Automobile				3,003.00
Account No. xxxxxxxx8397 Credit One Bank PO Box 98873 Las Vegas, NV 89193	W	Date Opened: 01/1/2010 Last Used: 01/1/2012 Credit Card				444.70
Sheet no. 6 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,665.70

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx7837 Dish Network Dept 0063 Palatine, IL 60055	J	01/1/2012 Utility Bill				191.67
Account No. xxxxx1230 Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256	W	Opened 3/05/15 Last Active 1/01/14 Collection Attorney Sprint				1,452.00
Account No. xxxxxxxxxxxx4038 Finance Systems Of T 2821 N Holland Sylvania Rd Toledo, OH 43635	H	Opened 8/01/14 Last Active 4/01/14 Medical Debt Raj K Bhatia Md				1,291.00
Account No. xxxxxxxxxxxx6413 Fingerhut/Webbank 6250 Ridgewood Rd Saint Cloud, MN 56303	W	Date Opened: 01/1/2011 Last Used: 01/1/2012 Other Card				697.77
Account No. xxxxx625 H Firelands Regional Medical Center 1111 Hayes Ave Sandusky, OH 44870	W	01/1/2014 Medical				1,569.65
Sheet no. <u>7</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,202.09

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx2732 Firelands Regional Medical Center PO Box 712374 Cincinnati, OH 45271	J	01/1/2012 Medical				1,456.20
Account No. 1813 Firelands Regional Medical Center DR Co 709 W Washington St Sandusky, OH 44870	H	01/1/2013 Medical				530.16
Account No. xxxxxxxxxxxx0371 First Premier 3820 N Louise Ave Sioux Falls, SD 57107	W	Date Opened: 01/1/2010 Last Used: 01/1/2012 Credit Card				517.76
Account No. xxxxxxxxxxxx7933 First Premier 3820 N Louise Ave Sioux Falls, SD 57107	H	Date Opened: 01/1/2011 Last Used: 01/1/2012 Credit Card				700.00
Account No. xxxxxxxxxxxx7930 First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107	H	Date Opened: 01/1/2008 Last Used: 01/1/2010 Credit Card				1,200.00
Sheet no. 8 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,404.12

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxxxxxxx9272	W	Date Opened: 01/1/2011 Last Used: 01/1/2012 Credit Card				419.88	
First Savings Credit Card 500 E 60th St N Sioux Falls, SD 57104							
Account No. x1166	H	01/1/2015 Medical				83.22	
Great Lakes Urgent Care 25660 Dixie Hwy Perrysburg, OH 43551							
Account No. xxx7804	W	01/1/2010 Medical				19.60	
Heartland Clinic PO Box 802223 Kansas City, MO 64180							
Account No.	W	Date Opened: 01/1/2010 Last Used: 01/1/2012 Store Card				40.00	
JC Penney P.O. Box 965009 Orlando, FL 32896							
Account No. xxxxxxxx0931	H	01/1/2012 Other Debt Vehicle Repossession. Vehicle has been sold at auction				11,024.92	
JPMorgan Chase, NA PO Box 901076 Fort Worth, TX 76101							
Sheet no. <u>9</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	
						11,587.62	

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx0386 Justice / Comments Bank PO Box 182273 Columbus, OH 43218	H	Date Opened: 01/1/2008 Last Used: 01/1/2012 Store Card				1,200.00
Account No. xxxxxx4094 Kay 375 Ghent Rd. Akron, OH 44333-2668	W	Opened 3/01/01 Charge Account				0.00
Account No. xxx-xxx-xxxxxx-4010 Liberty Mutual PO Box 55126 Boston, MA 02205	H	01/1/2004 Other Debt Insurance				73.00
Account No. xxx4281 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	H	01/1/2014 Medical				114.43
Account No. xxx0525 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	J	01/1/2015 Medical				118.46
Sheet no. 10 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,505.89

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx4075 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	H	01/1/2014 Medical				24.72
Account No. xxx1990 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	W	01/1/2014 Medical				139.00
Account No. xxx1990 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	W	01/1/2014 Medical				139.00
Account No. xxx1990 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	W	01/1/2014 Medical				139.00
Account No. xxx6969 Mercy Medical Partners PO Box 630827 Cincinnati, OH 45263	H	01/1/2013 Medical				24.72
Sheet no. 11 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 466.44

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx3487	J	01/1/2014 Medical				125.00
Mercy St Vincent Medical Center PO Box 740819 Cincinnati, OH 45274						
Account No. xxxx7759	H	01/1/2013 Medical				240.64
Mercy St Vincent Medical Center PO Box 740819 Cincinnati, OH 45274						
Account No. xxxx8759	H	01/1/2013 Medical				118.99
Mercy St Vincent Medical Center PO Box 740819 Cincinnati, OH 45274						
Account No. xxxx1548	W	01/1/2014 Medical				407.99
Mercy St Vincent Medical Center PO Box 740819 Cincinnati, OH 45274						
Account No. xxxx2746	H	01/1/2014 Medical				125.00
Mercy St Vincent Medical Center PO Box 740738 Cincinnati, OH 45274						
Sheet no. <u>12</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,017.62

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxx0646		W	01/1/2015 Medical				360.14
Mercy St Vincent Medical Center PO Box 740738 Cincinnati, OH 45274							
Account No. xxxxx2732		H	01/1/2015 Other Debt Installment Loan				1,400.00
MoneyKey.com 3422 Old Capital Trail Suite 1613 Wilmington, DE 19808							
Account No. xxxxxxxxxxxxx5282		J	Opened 8/13/07 Last Active 6/01/15 Student Loan				3,744.00
Navient Po Box 9655 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxx5290		J	Opened 1/04/08 Last Active 6/01/15 Student Loan				2,708.00
Navient Po Box 9655 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxxxxxxxxxx1209		H	Opened 12/09/05 Last Active 5/01/15 Student Loan				1,565.00
Navient Po Box 9500 Wilkes Barre, PA 18773							
Sheet no. <u>13</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			9,777.14

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxxxxxxxxx1209 Navient Po Box 9500 Wilkes Barre, PA 18773	H	Opened 12/09/05 Last Active 5/01/15 Student Loan				902.00
Account No. xxxxxxxxxxxxxxxxxxxx0508 Navient Po Box 9500 Wilkes Barre, PA 18773	H	Opened 5/08/06 Last Active 5/01/15 Student Loan				517.00
Account No. xxxxxxxxxxxxxxxxxxxx0508 Navient Po Box 9500 Wilkes Barre, PA 18773	H	Opened 5/08/06 Last Active 5/01/15 Student Loan				275.00
Account No. xxxxxx6501 Navy Federal Cr Union Po Box 3700 Merrifield, VA 22119	H	Opened 12/17/12 Last Active 12/01/12 Check Credit Or Line Of Credit				1,667.00
Account No. xxxxxx8181 Navy Federal Credit Union PO Box 3000 Merrifield, VA 22119	J	01/1/2011 Personal Loan Checking account line of credit				3,000.00
Sheet no. <u>14</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,361.00

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	
Account No. xxxxxx4REV	H	Opened 1/01/10 Last Active 8/01/13 Charge Account	Unknown
Nebr Furn 700 South 72nd St Omaha, NE 68114-4697			
Account No. xxxx8954	H	Date Opened: 01/1/2008 Last Used: 01/1/2011 Store Card	2,101.04
Nebraska Furniture Mart PO Box 3017 Omaha, NE 68172			
Account No. xx3127	H	01/1/2012 Medical	40.00
Northern Ohio Medical Specialist LLC PO Box 636739 Cincinnati, OH 45263			
Account No. xxx6213	H	Opened 8/01/11 Last Active 3/01/11 Medical Debt Heartland Clini	2,150.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507			
Account No. xxx7596	J	Opened 7/01/11 Last Active 6/01/11 Medical Debt Heartland Healt	597.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507			
Subtotal (Total of this page)			4,888.04

Sheet no. 15 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		H W J C				
Account No. xxx5558	H	Opened 7/01/11 Last Active 10/01/10 Medical Debt Heartland Clini				277.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507						
Account No. xxx5549	H	Opened 7/01/11 Last Active 10/01/10 Medical Debt Heartland Clini				275.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507						
Account No. xxx5551	H	Opened 7/01/11 Last Active 10/01/10 Medical Debt Heartland Clini				266.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507						
Account No. xxx7599	J	Opened 7/01/11 Last Active 6/01/11 Medical Debt Heartland Healt				187.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507						
Account No. xxx6534	H	Opened 7/01/11 Last Active 2/01/11 Medical Debt Heartland Clini				138.00
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507						
Sheet no. <u>16</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,143.00

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxx6686	H	Opened 7/01/11 Last Active 2/01/11 Medical Debt Heartland Clini				77.00	
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507							
Account No. xxx2598	H	Opened 11/01/11 Last Active 3/01/11 Medical Debt Radiology Speci				57.00	
Northwest Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507							
Account No. xxxxx3266	H	01/1/2015 Medical				10.16	
Northwest Ohio Integrated Labs PO Box 636486 Cincinnati, OH 45263							
Account No. xxx8632	J	Opened 8/01/11 Last Active 7/01/11 Medical Debt Heartland Healt				8,401.00	
Nw Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507							
Account No. xxx9493	J	Opened 10/01/09 Last Active 5/01/09 Medical Debt Heartland Clini				158.00	
Nw Financial 5514 Corporate Dr Ste 140 St Joseph, MO 64507							
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	8,703.16

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxx5104 NW Financial Services Heartland Health 3620 Frederick Ave Saint Joseph, MO 64506	W	01/1/2009 Medical				158.00
Account No. xxxx1886 NW Financial Services Heartland Health 3620 Frederick Ave Saint Joseph, MO 64506			H	01/1/2011 Medical		
Account No. xxxxxx0002 Partners in Primary Care Inc 1019 Pierce St Sandusky, OH 44879	H	01/1/2012 Medical				
Account No. xxxx5430 Pay Day One of Missouri, LLC 4150 International Plaza Suite 400 Fort Worth, TX 76109			H	01/1/2012 Other Debt Installment Loan		
Account No. xxxxx2732 Perrrysburg Division of Taxation PO Box 490 Perrrysburg, OH 43552	J	01/1/2014 Other Tax City Tax				
Sheet no. <u>18</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						13,374.40

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx2704 Plain Green LLC 93 Mack Rd Suite 600 PO Box 270 Box Elder, MT 59521	H	01/1/2012 Other Debt Installment Loan				1,763.93
Account No. xxx xx6973 PMB / ER-DOC, INC PO Box 74005 Cleveland, OH 44191		01/1/2014 Medical				69.33
Account No. xxxxx-xxxxxxxxxx6413 Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502	W	Opened 1/14/14 Last Active 2/01/12 Factoring Company Account Bluestem Brands Inc				698.00
Account No. xxxxx-xxxxxxxxxx7586 Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502		Opened 2/20/13 Last Active 1/01/12 Factoring Company Account Capital One Na				634.00
Account No. xxxxx-xxxxxxxxxx0012 Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502	W	Opened 2/20/13 Last Active 1/01/12 Factoring Company Account Capital One Na				572.00
Sheet no. 19 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,737.26

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxx5625 Precision Radiology Inc PO Box 182504 Columbus, OH 43218		W	01/1/2014 Medical				41.11	
Account No. xxxxxxxx3-001 Promedica St Luke's Hospital PO Box 630868 Cincinnati, OH 45263		H	01/1/2014 Medical				314.19	
Account No. xxxxxxxx2-001 Promedica PO Box 630346 Cincinnati, OH 45263		H	01/1/2014 Medical				206.75	
Account No. xxxxxxxx9-002 Promedica PO Box 630346 Cincinnati, OH 45263		J	01/1/2015 Medical				288.76	
Account No. xxxxxxxx3813 Promedica Attn 11943W PO Box 14000 Belfast, ME 04915		J	01/1/2014 Medical				9.97	
Sheet no. <u>20</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	860.78

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxx3813 Promedica Attn 11059 PO Box 14000 Belfast, ME 04915	J	01/1/2014 Medical				544.31
Account No. x0727 Raj K Bhatia, MD, Inc 11201 Sandusky St Suite 101 Perrysburg, OH 43551	H	01/1/2013 Medical				1,291.83
Account No. xxx-xxx7675 Republic Services 4005 Tiffany Ave Sandusky, OH 44870	W	01/1/2012 Utility Bill Garbage				18.34
Account No. xxx1210 Riverwood Emergency Services PO Box L-2817 Columbus, OH 43260	H	01/1/2014 Medical				340.00
Account No. xxx1210 Riverwood Emergency Services PO Box L-2817 Columbus, OH 43260	H	01/1/2014 Medical				340.00
Sheet no. 21 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,534.48

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx3031 Riverwood Emergency Services PO Box L-2817 Columbus, OH 43260	J	01/1/2015 Medical				111.04
Account No. xxxxx9063 Rollc 1920 Greenspring D Suite 200 Timonium, MD 21093	H	Opened 1/24/14 Collection Med1 02 Promedica				314.00
Account No. xxxxxx9730 SCRS State Collection & Recovery Serv 2115 George Street Sandusky, OH 44870	W	01/1/2014 Medical				69.33
Account No. xxxxxxxxxxxxxxxxxxxx0508 Slm Financial Corp 11100 Usa Pkwy Fishers, IN 46037	H	Opened 5/08/06 Employment				Unknown
Account No. xxxxx5104 Sprint PO Box 4191 Carol Stream, IL 60197	W	01/1/2012 Utility Bill Cell phone, broke contract				1,451.50
Sheet no. 22 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,945.87

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5331 Sun Loan Company 2229 N Belt Hwy Ste D Saint Joseph, MO 64506	W	Opened 10/28/11 Last Active 11/01/12 Note Loan				Unknown
Account No. xxxxxxxxxxxx2774 Syncb/Amaz	H	Opened 8/01/11 Last Active 6/01/12 Charge Account				Unknown
Account No. xxxxx9962 T Mobile PO Box 742596 Cincinnati, OH 45274	H	01/1/2014 Utility Bill Old Cell Phone				863.68
Account No. xxxxxx-xxxA1-10 Toledo Radiology PO Box 2204 Indianapolis, IN 46206	J	01/1/2014 Medical				15.92
Account No. xxxxxx-xxxA1-10 Toledo Radiology PO Box 2204 Indianapolis, IN 46206	J	01/1/2014 Medical				12.49
Sheet no. 23 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 892.09

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xx4947		H	01/1/2012 Other Debt Owed to Amcor Rigid Plastics for breaking employment contract.				16,291.98	
Transworld Systems Inc PO Box 15630 Dept 23 Willmington, DE 19850								
Account No. xxxx8175		H	Opened 9/01/10 Last Active 7/01/12				Unknown	
United Cfn 865 Bassette Rd Westlake, OH 44145-1194								
Account No. xxxx8175		H	01/1/2008 Other Debt Line of Credit				534.57	
United Consumer Financial 865 Bassett Rd Westlake, OH 44145								
Account No. xxxxxxxxxxxx8581		H	Opened 8/23/10 Last Active 5/01/15 Student Loan				66,491.00	
Us Dept Of Ed/Glelsi Po Box 7860 Madison, WI 53707								
Account No. xxxxxxxxxxxx1577		H	Opened 8/19/09 Last Active 5/01/15 Student Loan				25,603.00	
Us Dept Of Ed/Glelsi Po Box 7860 Madison, WI 53707								
Sheet no. <u>24</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	108,920.55

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx0577	H	Opened 5/21/09 Last Active 5/01/15 Student Loan					6,343.00
Us Dept Of Ed/Glelsi Po Box 7860 Madison, WI 53707							
Account No. xxxxxx0603	H	01/1/2013 Other Debt Old insurance policy rental and vehicle					1,246.12
USAA 9800 Fredericksburg Rd San Antonio, TX 78288							
Account No. xxxxxxxxxxxx0001	H	Opened 1/28/14 Last Active 8/01/14 Telecommunications or Cellular					1,810.00
Verizon Wireless Po Box 49 Lakeland, FL 33802							
Account No. xxxxxx1279	H	Date Opened: 01/1/2008 Last Used: 01/1/2011 Store Card					1,437.82
Vistoria's Secret / Comenity Bank PO Box 182273 Columbus, OH 43218							
Account No. xxx5036	J	01/1/2015 Medical					141.00
Walk In Urgent Care 5340 Gordon Way Dublin, OH 43017							
Sheet no. 25 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			10,977.94

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx3777		Opened 11/03/12 Last Active 2/11/15 Automobile				2,775.00
Wfds Po Box 1697 Winterville, NC 28590	H					
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. 26 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,775.00
						Total (Report on Summary of Schedules) 260,721.97

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Anna Hensley 1599 Dorset Drive Avon, IN 46123	Lessee on signed 09/1/2014 expires 08/31/2016
RAC Acceptance 5501 Headquarters Drive Plano, TX 75024	Lessee on 287782732 signed 09/1/2013 expires 09/1/2016

0

_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Charles Addison Roberts, iii,
Nikki Janell Roberts**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Fill in this information to identify your case:

Debtor 1 Charles Addison Roberts, iii

Debtor 2 Nikki Janell Roberts
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Silgan Containers

21800 Oxnard Street
Woodland Hills, CA 91367

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Tree Asian Bistro

Perrysburg

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,890.00</u>	\$ <u>972.83</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,890.00</u>	\$ <u>972.83</u>

Debtor 1 **Charles Addison Roberts, iii**
Debtor 2 **Nikki Janell Roberts**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 6,890.00	\$ 972.83	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,312.00	\$ 171.17	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 43.00	\$ 0.00	
5e. Insurance	5e. \$ 414.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 490.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: 401k loan #1	5h.+ \$ 23.41	\$ 0.00	
401k loan #2	\$ 20.36	\$ 0.00	
Accident	\$ 6.54	\$ 0.00	
Ad&D	\$ 12.60	\$ 0.00	
Critical Illness	\$ 12.80	\$ 0.00	
Dental	\$ 39.00	\$ 0.00	
Hospital Indem	\$ 32.76	\$ 0.00	
LTD	\$ 39.76	\$ 0.00	
Supp Life	\$ 22.50	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,468.73	\$ 171.17	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,421.27	\$ 801.66	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,421.27 + \$ 801.66	= \$ 5,222.93	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 5,222.93 Combined monthly income

Debtor 1 **Charles Addison Roberts, iii**
Debtor 2 **Nikki Janell Roberts**

Case number (if known) _____

13. Do you expect an increase or decrease within the year after you file this form?

☒

No.

☐

Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Charles Addison Roberts, iii

Debtor 2 Nikki Janell Roberts
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

8

☐ No
☒ Yes

Daughter

10

☐ No
☒ Yes

Daughter

12

☐ No
☒ Yes

Daughter

14

☒ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Charles Addison Roberts, iii**
Debtor 2 **Nikki Janell Roberts**

Case number (if known) _____

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>320.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>125.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>400.00</u>
6d. Other. Specify: <u>Orthodontist (Braces)</u>	6d. \$ <u>118.00</u>
7. Food and housekeeping supplies	7. \$ <u>800.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>150.00</u>
10. Personal care products and services	10. \$ <u>230.00</u>
11. Medical and dental expenses	11. \$ <u>170.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>134.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>4,347.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>5,222.93</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>4,347.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>875.93</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain:	

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.

Chapter

13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **46** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 23, 2015**

Signature **/s/ Charles Addison Roberts, iii**
Charles Addison Roberts, iii
Debtor

Date **September 23, 2015**

Signature **/s/ Nikki Janell Roberts**
Nikki Janell Roberts
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Northern District of Ohio

In re **Charles Addison Roberts, iii**
Nikki Janell Roberts

Debtor(s)

Case No.
Chapter

13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$59,935.00	2015 YTD: Husband Silgan Containers
\$7,866.00	2015 YTD Wife
\$90,507.00	2014: Both Employment Income
\$80,629.00	2013: Both Employment Income

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
Ace Cash Express
1231 Greenway Dr
Suite 600
Irving, TX 75038

DATES OF
PAYMENTS
April 25 / May 25

AMOUNT PAID
\$907.06

AMOUNT STILL
OWING
\$1,721.74

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	-----------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	---------------------------------	--------------------------

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Wells Fargo Dealer Services PO Box 25341 Santa Ana, CA 92799	04/24/2015	2010 Jeep Liberty Value: 15000.00
JP Morgan Chase Bank, NA PO Box 901076 Fort Worth, TX 76101	09/29/2014	2012 Chrysler 200 Value: 11204.92

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Ciolek, LTD. 901 Washington St. Toledo, OH 43604	June 2015	\$1,500 attorney fee, filing fee, credit report, credit counseling

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
26765 Carronade Drive Apt 4107 Perrysburg OH 43551-0000		09/01/2012, 09/01/2013
309 Pennsylvania Ave Sandusky, OH OH 44870-0000		03/01/2012, 09/01/2012

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 23, 2015Signature /s/ Charles Addison Roberts, iii
Charles Addison Roberts, iii
DebtorDate September 23, 2015Signature /s/ Nikki Janell Roberts
Nikki Janell Roberts
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.

Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received	\$	<u>250.00</u>
Balance Due	\$	<u>2,250.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 23, 2015**

/s/ Scott A. Ciolek

Scott A. Ciolek 0082779

Ciolek, LTD.

901 Washington St.

Toledo, OH 43604

419-740-5935 Fax: 419-725-1085

info@counselor.pro

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.

Chapter **13**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Charles Addison Roberts, iii
Nikki Janell Roberts**

Printed Name(s) of Debtor(s)

X **/s/ Charles Addison Roberts, iii**

Signature of Debtor

**September 23,
2015**

Date

Case No. (if known) _____

X **/s/ Nikki Janell Roberts**

Signature of Joint Debtor (if any)

**September 23,
2015**

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Charles Addison Roberts, iii
Nikki Janell Roberts**

Debtor(s)

Case No.

Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **September 23, 2015**

/s/ Charles Addison Roberts, iii

Charles Addison Roberts, iii

Signature of Debtor

Date: **September 23, 2015**

/s/ Nikki Janell Roberts

Nikki Janell Roberts

Signature of Debtor

Aaron Sales & Lease Ow
1015 Cobb Place Blvd Nw
Kennesaw, GA 30144

Acceptance Now
5501 Headquarters Dr
Plano, TX 75024

Ace Cash Express
1231 Greenway Dr
Suite 600
Irving, TX 75038

Acs/Bank Of America
501 Bleecker St
Utica, NY 13501

Aes/Wells Fargo
Po Box 61047
Harrisburg, PA 17106

Akron Children's Hospital
215 W Bowery St
Akron, OH 44308

Amazon / GECRB
PO Box 960013
Orlando, FL 32896

Ameriloan
3531 P St NW
Miami, OK 74355

Anna Hensley
1599 Dorset Drive
Avon, IN 46123

Aspen Dental
PO Box 3126
Syracuse, NY 13220

Bass & Associates
Suite 200
3936 E Fort Lowell Rd
Tucson, AZ 85712

Brazos Higher Education Auth, IN
2600 Washington Ave
Waco, TX 76710

Buckle / Comments Bank
PO Box 182273
Columbus, OH 43218

Capital One
PO Box 6492
Carol Stream, IL 60197

Capital One Auto Finan
3901 Dallas Pkwy
Plano, TX 75093

Capital One Bank
PO Box 30281
Salt Lake City, UT 84130

Cb/Buckle
Po Box 182273 Attn: Customer Service
Columbus, OH 43218-2273

Cb/Justice
Po Box 337003
Northglenn, CO 80233-7003

Cb/Vicscrt
Po Box 182128
Columbus, OH 43218-2128

CBE Group / Kansas City Power Light
131 Tower Park Dr
PO Box 900
Waterloo, IA 50704

Ccs/First Savings Bank
500 E 60th St N
Sioux Falls, SD 57104

Check-N-Go
205 Sugar Camp Circle
Dpte CNG
Dayton, OH 45409

Christy Griffin
c/o Summit County Child Support
175 S. Main St. #101
Akron, OH 44308

Christy Griffin
277 Blueridge Dr.
Gray, LA 70359

Citi BAnk
PO Box 6192
Sioux Falls, SD 57117

Collection Associates
1809 N Broadway St
Greensburg, IN 47240

Collection Associates Inc
PO Box 349
Greensburg, IN 47240

Consumer Portfolio Services
PO Box 57071
Irvine, CA 92619

Consumer Portfolio Svc
Po Box 57071
Irvine, CA 92619

Credit Acceptance
Po Box 513
Southfield, MI 48037

Credit One Bank
PO Box 98873
Las Vegas, NV 89193

Department of Treasury
Internal Revenue Service
Stop 6692 AUSC
Austin, TX 73301

Dish Network
Dept 0063
Palatine, IL 60055

Diversified Adjustments, Inc
PO Box 32145
Fridley, MN 55432

Enhanced Recovery Co L
8014 Bayberry Rd
Jacksonville, FL 32256

Enhanced Recovery Company, LLC
PO Box 23870
Jacksonville, FL 32241

Finance System of Toledo, Inc
PO Box 1934
Southgate, MI 48195

Finance Systems Of T
2821 N Holland Sylvania Rd
Toledo, OH 43635

Fingerhut/Webbank
6250 Ridgewood Rd
Saint Cloud, MN 56303

Firelands Regional Medical Center
1111 Hayes Ave
Sandusky, OH 44870

Firelands Regional Medical Center
PO Box 712374
Cincinnati, OH 45271

Firelands Regional Medical Center DR Co
709 W Washington St
Sandusky, OH 44870

First Premier
3820 N Louise Ave
Sioux Falls, SD 57107

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

First Savings Credit Card
500 E 60th St N
Sioux Falls, SD 57104

Great Lakes Urgent Care
25660 Dixie Hwy
Perrysburg, OH 43551

Heartland Clinic
PO Box 802223
Kansas City, MO 64180

James S Nowak
4808 N Summnit St
Toledo, OH 43611

JC Christensen & Associates Inc
PO Box 519
Sauk Rapids, MN 56379

JC Penney
P.O. Box 965009
Orlando, FL 32896

JPMorgan Chase, NA
PO Box 901076
Fort Worth, TX 76101

Justice / Comments Bank
PO Box 182273
Columbus, OH 43218

Kay
375 Ghent Rd.
Akron, OH 44333-2668

Liberty Mutual
PO Box 55126
Boston, MA 02205

MB / ROI
PO Box 22215
Beachwood, OH 44122

Merchants Credit Adjusters, Inc
Twenty Five D Building
4005 South 148th Street
Omaha, NE 68137

Mercy Medical Partners
PO Box 630827
Cincinnati, OH 45263

Mercy St Vincent Medical Center
PO Box 740819
Cincinnati, OH 45274

Mercy St Vincent Medical Center
PO Box 740738
Cincinnati, OH 45274

Missouri Department of Revenue
Taxation Division
PO Box 385
Jefferson City, MO 65105

MoneyKey.com
3422 Old Capital Trail
Suite 1613
Wilmington, DE 19808

Navient
Po Box 9655
Wilkes Barre, PA 18773

Navient
Po Box 9500
Wilkes Barre, PA 18773

Navy Federal Cr Union
Po Box 3700
Merrifield, VA 22119

Navy Federal Credit Union
PO Box 3000
Merrifield, VA 22119

Nebr Furn
700 South 72nd St
Omaha, NE 68114-4697

Nebraska Furniture Mart
PO Box 3017
Omaha, NE 68172

Northern Ohio Medical Specialist LLC
PO Box 636739
Cincinnati, OH 45263

Northwest Financial
5514 Corporate Dr Ste 140
St Joseph, MO 64507

Northwest Ohio Integrated Labs
PO Box 636486
Cincinnati, OH 45263

Nw Financial
5514 Corporate Dr Ste 140
St Joseph, MO 64507

NW Financial Services Heartland Health
3620 Frederick Ave
Saint Joseph, MO 64506

Ohio Department of Taxation
Compliance Division
PO Box 182402
Columbus, OH 43218

Partners in Primary Care Inc
1019 Pierce St
Sandusky, OH 44879

Pay Day One of Missouri, LLC
4150 International Plaza
Suite 400
Fort Worth, TX 76109

Perrysburg Division of Taxation
PO Box 490
Perrysburg, OH 43552

Perrysburg Municipal Court
300 Walnut St
Perrysburg, OH 43551

Plain Green LLC
93 Mack Rd
Suite 600 PO Box 270
Box Elder, MT 59521

PMB / ER-DOC, INC
PO Box 74005
Cleveland, OH 44191

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Portfolio Recovery Associates, LLC
120 Corporate Blvd
Norfolk, VA 23502

Portfolio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541

Precision Radiology Inc
PO Box 182504
Columbus, OH 43218

Professional Bureau of Collections of Ma
PO Box 628
Elk Grove, CA 95759

Promedica
St Luke's Hospital
PO Box 630868
Cincinnati, OH 45263

Promedica
PO Box 630346
Cincinnati, OH 45263

Promedica
Attn 11943W
PO Box 14000
Belfast, ME 04915

Promedica
Attn 11059
PO Box 14000
Belfast, ME 04915

Prudential
One Corporate Drive
Shelton, CT 06484

RAC Acceptance
5501 Headquarters Drive
Plano, TX 75024

Raj K Bhatia, MD, Inc
11201 Sandusky St
Suite 101
Perrysburg, OH 43551

Republic Services
4005 Tiffany Ave
Sandusky, OH 44870

Riverwood Emergency Services
PO Box L-2817
Columbus, OH 43260

Rollc
1920 Greenspring D Suite 200
Timonium, MD 21093

Sandusky Municipal Court
222 Meigs St
Sandusky, OH 44870

SCRS State Collection & Recovery Serv
2115 George Street
Sandusky, OH 44870

Slm Financial Corp
11100 Usa Pkwy
Fishers, IN 46037

Southwest Credit Systems, LP
4120 International Parkway
Suite 1100
Carrolton, TX 75007

Sprint
PO Box 4191
Carol Stream, IL 60197

Sun Loan Company
2229 N Belt Hwy Ste D
Saint Joseph, MO 64506

Syncb/Amaz

T Mobile
PO Box 742596
Cincinnati, OH 45274

Toledo Radiology
PO Box 2204
Indianapolis, IN 46206

Transworld Systems Inc
PO Box 15630
Dept 23
Willmington, DE 19850

United Cfn
865 Bassette Rd
Westlake, OH 44145-1194

United Consumer Financial
865 Bassett Rd
Westlake, OH 44145

Us Dept Of Ed/Glelsi
Po Box 7860
Madison, WI 53707

USAA
9800 Fredericksburg Rd
San Antonio, TX 78288

Verizon Wireless
Po Box 49
Lakeland, FL 33802

Vistoria's Secret / Comenity Bank
PO Box 182273
Columbus, OH 43218

Walk In Urgent Care
5340 Gordon Way
Dublin, OH 43017

Wfds
Po Box 1697
Winterville, NC 28590

Fill in this information to identify your case:

Debtor 1 Charles Addison Roberts, iii

Debtor 2 Nikki Janell Roberts
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Ohio

Case number
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 7,692.50	\$ 922.17
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ \$ 0.00 For your spouse _____ \$ 0.00	\$ 0.00	\$ 0.00
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10a. _____ \$ 0.00 10b. _____ \$ 0.00 10c. Total amounts from separate pages, if any. + \$ 0.00	\$ 0.00 \$ 0.00 + \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 7,692.50	\$ 922.17
	= \$ 8,614.67 <small>Total average monthly income</small>	

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ 8,614.67

13. **Calculate the marital adjustment.** Check one:
☐ You are not married. Fill in 0 on line 3d.
☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.
☐ You are married and your spouse is not filing with you.
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.
In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.
If this adjustment does not apply, enter 0 on line 13d.

13a. _____	\$ _____
13b. _____	\$ _____
13c. _____	+\$ _____

13d. Total _____

\$ 0.00

Copy here=> 13d. - 0.00

14. **Your current monthly income.** Subtract line 13d from line 12.

14. \$ 8,614.67

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> _____
Multiply line 15a by 12 (the number of months in a year).

15a. \$ 8,614.67
x 12

15b. The result is your current monthly income for the year for this part of the form.

15b. \$ 103,376.04

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

OH

16b. Fill in the number of people in your household.

6

16c. Fill in the median family income for your state and size of household.

16c. \$ 94,822.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).

17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. 18. \$ 8,614.67

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. -\$ 0.00

Subtract line 19a from line 18.

19b. \$ 8,614.67**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

20a. \$ 8,614.67

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

20b. \$ 103,376.04

20c. Copy the median family income for your state and size of household from line 16c

\$ 94,822.00**21. How do the lines compare?**

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Charles Addison Roberts, iii**Charles Addison Roberts, iii**

Signature of Debtor 1

Date **September 23, 2015**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Nikki Janell Roberts**Nikki Janell Roberts**

Signature of Debtor 2

Date **September 23, 2015**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Charles Addison Roberts, iii

Debtor 2 Nikki Janell Roberts

(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Ohio

Case number
(if known)

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

6

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,269.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 60
- 7b. Number of people who are under 65 X 6
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 360.00 Copy line 7c here=> \$ 360.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 144
- 7e. Number of people who are 65 or older X 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy line 7f here=> \$ 0.00

- 7g. Total. Add line 7c and line 7f \$ 360.00 Copy total here=> 7g. \$ 360.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses
housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 627.00

9. **Housing and utilities - Mortgage or rent expenses:**

- 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,294.00

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
-NONE-	\$ <u>0.00</u>

- 9b. Total average monthly payment

\$ 0.00

Copy line 9b here=> -\$ 0.00 Repeat this amount on line 33a.

- 9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

9c.

\$ 1,294.00

Copy line 9c here=> \$ 1,294.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 424.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2009 Dodge Caravan 137,786 miles

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 517.00

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divided by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>Credit Acceptance</u>	\$ <u>216.88</u>

Copy 13b here => -\$ 216.88 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ 300.12 Copy net Vehicle 1 expense here => \$ 300.12

Vehicle 2 Describe Vehicle 2: 2004 Nissan 350Z 84,500 miles

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ 517.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<u>Credit Acceptance</u>	\$ <u>172.55</u>

Copy 13e here => -\$ 172.55

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

13f. \$ 344.45 Copy net Vehicle 2 expense here => \$ 344.45

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,413.00
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 490.52
20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted. +\$ 50.00
24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. \$ 7,572.09

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | |
|------------------------|------------------|------------------------------------|
| Health insurance | \$ <u>414.00</u> | |
| Disability insurance | \$ <u>0.00</u> | |
| Health savings account | + \$ <u>0.00</u> | |
| Total | \$ <u>414.00</u> | Copy total here=> \$ <u>414.00</u> |
- Do you actually spend this total amount?
☐ No. How much do you actually spend?
☒ Yes \$ _____
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.
By law, the court must keep the nature of these expenses confidential. \$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4).

\$ 0.00

32. **Add all of the additional expense deductions**

Add lines 25 through 31.

\$ 414.00

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly
payment

33a. Copy line 9b here => \$ 0.00

Loans on your first two vehicles

33b. Copy line 13b here => \$ 216.88

33c. Copy line 13e here => \$ 172.55

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment
include taxes
or insurance?

33d. Prudential

Retirement: Prudential 401K
Location: Prudential Financial Inc
Newark, NJ☒ No☐ Yes

\$ 11.20

33e. Prudential

Retirement: Prudential 401K
Location: Prudential Financial Inc
Newark, NJ☒ No☐ Yes

\$ 10.63

33f.

☐ No☐ Yes

+\$

33g. Total average monthly payment. Add lines 33a through 33f

\$ 411.26

Copy
total
here=>

\$ 411.26

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
- ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ ÷ 60 = \$ _____	
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☐ No. Go to line 36.
- ☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **3,602.75** ÷ 60 \$ **60.04**

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ _____	Copy total here=> \$ _____
X _____	

37. Add all of the deductions for debt payment.

Add lines 33g through 36.

\$ **471.30**

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances \$ **7,572.09**

Copy line 32, All of the additional expense deductions \$ **414.00**

Copy line 37, All of the deductions for debt payment +\$ **471.30**

Total deductions \$ **8,457.39** Copy total here=> \$ **8,457.39**

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 22C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* \$ **8,614.67**

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here. => \$ **8,457.39**

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. _____	\$ _____
43b. _____	\$ _____
43c. _____	\$ _____
43d. Total. Add lines 43a through 43c. _____	\$ 0.00

Copy 43d here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43d. _____ => \$ **8,457.39**

Copy total here=> -\$ **8,457.39**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **157.28**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1
Debtor 2

Charles Addison Roberts, iii
Nikki Janell Roberts

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Charles Addison Roberts, iii

Charles Addison Roberts, iii
Signature of Debtor 1

Date **September 23, 2015**
MM / DD / YYYY

X /s/ Nikki Janell Roberts

Nikki Janell Roberts
Signature of Debtor 2

Date **September 23, 2015**
MM / DD / YYYY

Debtor 1
Debtor 2

Charles Addison Roberts, iii
Nikki Janell Roberts

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **03/01/2015** to **08/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Silgan Containers**

Year-to-Date Income:

Starting Year-to-Date Income: **\$13,780.00** from check dated **2/28/2015**.

Ending Year-to-Date Income: **\$59,935.00** from check dated **8/31/2015**.

Income for six-month period (Ending-Starting): **\$46,155.00**.

Average Monthly Income: **\$7,692.50**.

Debtor 1
Debtor 2

Charles Addison Roberts, iii
Nikki Janell Roberts

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **03/01/2015** to **08/31/2015**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Year-to-Date Income:

Starting Year-to-Date Income: \$2,353.00 from check dated 2/28/2015 .

Ending Year-to-Date Income: \$7,886.00 from check dated 8/31/2015 .

Income for six-month period (Ending-Starting): \$5,533.00 .

Average Monthly Income: \$922.17 .